

Patent Attorney Docket No. <u>024444-917</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pate	ent Application of	BOX/FEE RESPONSE				
Håkan El	RICKSSON et al.	Group Art Unit: 3722				
Application	on No.: 09/838,305	Examiner: Brian D. Walsh				
Filed: A	pril 20, 2001	Confirmation No.: 1853				
M	CUTTING TOOL SYSTEM AND ) MECHANISM FOR ACCURATELY ) OSITIONING A CUTTING EDGE )					
	AMENDMENT/REPLY TR	ANSMITTAL LETTER				
	Commissioner for Patents on, D.C. 20231					
Sir:						
Encl	osed is a reply for the above-identified pate	ent application.				
[√]	A Petition for Extension of Time is also e	nclosed.				
[]	A Terminal Disclaimer and a check for [ requisite Government fee are also enclose	] \$55.00 (2814) [ ] \$110.00 (1814) to cover the d.				
[]	Also enclosed is	<u> </u>				
[]	Small entity status is hereby claimed.	•				
[ ]	Applicant(s) request continued examination [ ] \$375.00 (2801) [ ] \$750.00 (1801) fee du	on under 37 C.F.R. § 1.114 and enclose the ne under 37 C.F.R. § 1.17(e).				
	[ ] Applicant(s) previously submitted requested.	_, on, for which continued examination is				
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					
[]	(146/046) !!					
[]	(146/246) is also enclosed.  No additional claim fee is required.	TECHNOLOGY CENTER R3700				
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		(10/02)  HECEINED				

[1] An additional claim fee is required, and is calculated as shown below:

		AMENDED	CLAIMS	<b>.</b>	
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	27	MINUS 24 =	3	× \$18.00 (1202) =	54.00
Independent Claims	6	MINUS 3 =	3	× \$84.00 (1201) =	252.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONA	AL FEE DUE	FOR THIS AMEN	IDMENT		306.00

[ $\sqrt{\ }$ ] A claim fee in the amount of \$\_306.00	is enclosed.
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[ ] Charge \$\_\_\_\_\_ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R.

By

§§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: January 3, 2003